

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		11-9-99
O.I.P.E. CLASSIFIER		43	11/20/00
FORMALITY REVIEW	<i>h</i>	1000	11-9-17

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims are filed, the
 staff may add a staff sheet here.